

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA
FORM **465**

Page 1 of 3

For Official Use Only

☒ **Amendment** (Explain Below)

Adjust amount of
independent expenditure.

Report covers period

from 01/01/2015

through 02/18/2015

Date of election if applicable:
(Month, Day, Year)

03/03/2015

Date Stamp

Clerk 15524PM

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

1305594

COMMITTEE/FILER'S NAME

BizFed PAC, A Project of Los Angeles County Business Federation

STREET ADDRESS (NO P.O. BOX)

1000 N. Alameda Street

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90012 (213) 346-3282

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

455 Capitol Mall, Suite 600

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916) 442-7757

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Christopher John Rizzotti

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member: City of Burbank

SUPPORT

☒

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
02/18/2015	Aaron, Thomas & Associates, Inc. 21344 Superior Street Chatsworth, CA 91311	LIT, POS	1,749.35	2,102.71
02/18/2015	United States Postal Service 475 L'Enfant Plaza SW Washington, DC 20260	LIT, POS; Support; Christopher Rizzotti; Burbank City Council	571.69 MEMO Subpayment made through: Aaron, Thomas & Associates, Inc.	
02/18/2015	Political Data Inc. 12501 Imperial Highway, Suite 200 Norwalk, CA 90650	LIT	79.12	2,102.71

pbk cityclerk 2/24/15PM 1:04

FPPC Form 465 (June/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from 01/01/2015 through 02/18/2015 Date of election if applicable: (Month, Day, Year) 03/03/2015	Date Stamp	CALIFORNIA FORM 465 Page 2 of 3 For Official Use Only
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IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

[illegible]

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2015</u> through <u>02/18/2015</u>	CALIFORNIA FORM 465 Page <u>3</u> of <u>3</u> I.D. NUMBER (If recipient com.) 1305594
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BizFed PAC, A Project of Los Angeles County Business Federation

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 2,102.71
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ 2,102.71

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

City of Burbank, Office of the City Clerk

ADDRESS (NO. AND STREET)

275 East Olive Avenue

CITY STATE ZIP CODE

Burbank CA 91510

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/23/2015
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF FILER

SURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT